



Administrative Office
201-15 Jackson Street
Hollidaysburg, PA 16648
(814) 695-5585
REFERENCE REQUEST

EDUCATION
FOR
LIFELONG
LEARNING

A copy of this form will be sent to your current/previous or personal/professional reference for them to complete and return to the school district.

APPLICANT AUTHORIZATION: I, _____ hereby give permission for release of _____
Print full name
requested information to the HOLLIDAYSBURG AREA SCHOOL DISTRICT to assist with the evaluation of my eligibility for employment. I release all persons and/or organizations involved from any and all liability associated with the release of this information. I understand that any information obtained will be kept confidential and I waive any right to access such information.

Applicant Signature Social Security Number _____ Date _____

If former employment was under another name, please print former name here _____

**APPLICANT: DO NOT WRITE BELOW THE DOUBLE LINES
COPIES DEEMED AS VALID AS ORIGINALS**

Please complete the requested information and return in the enclosed stamped, self-addressed envelope. Your prompt response will be appreciated.

TO: _____

Type of reference: _____ Employer _____ Personal _____

W. Dwight Straesser, Human Resources Director
Hollidaysburg Area School District

The above applicant has applied for a position as: _____

Position previously held: _____ Dates of employment: _____

Reason for termination: _____

How long have you known the applicant and in what capacity: _____

Is applicant eligible for rehire? ___ Yes ___ No If no. Please explain: _____

PLEASE CHECK ONE OF THE FOLLOWING FOR BOTH EMPLOYER AND PERSONAL REFERENCE:

	Excellent	Good	Fair	Poor	Unable to Evaluate
Job Knowledge	_____	_____	_____	_____	_____
Quality of work	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Honesty	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Do you recommend for employment: ___ Yes ___ No

Additional Comments (for personal reference use back of form) _____

PERSON COMPLETING REFERENCE FORM:

Name (Signature) Title Date _____